



POLICY AND PROCEDURES MANUAL

Prepared by the

Wisconsin Well Woman Program (WWWP)
Bureau of Chronic Disease Prevention and Health Promotion
Division of Public Health
Department of Health and Family Services
PPH 43029 (Rev 04/17/03)

The Wisconsin Well Woman Program Policy and Procedures Manual, PPH 43029 (Rev 04/17/03) is supported by a Cooperative Agreement (U55/CCU521902-01) from the Centers for Disease Control and Prevention.



Wisconsin Well Woman Program

TABLE OF CONTENTS

Introduction	4
WWWP At-A-Glance.....	5
WWWP Responsibilities.....	6
Chapter 1 – Health Care Providers	7
Eligible Provider Types.....	7
Ancillary Providers.....	7
Provider Certification.....	7
Provider Selection.....	8
Distribution of Providers.....	8
Provider Participation Agreement.....	9
Provider Responsibilities.....	9
Discontinuing a Provider.....	9
Chapter 2 – Local Coordinating Agencies	10
Service Coordination Agreements.....	10
Local Coordinator Responsibilities.....	10
Absence or Change of Designated Coordinator.....	15
Information and Assistance for Local Coordinating Agencies.....	15
Chapter 3 – Eligibility and Enrollment	18
Client Eligibility.....	18
Client Enrollment Process.....	19
Enrollment Form.....	20
Client Identification.....	20
Enrollment on or After Date of Service.....	21
Annual Re-enrollment.....	22
Inactive Client.....	22
Chapter 4 – Covered Services	23
Chapter 5 – Case Management and Reporting	24
Case Management of Normal Results.....	24
Case Management of Abnormal Results.....	25
Reporting Forms.....	28
Chapter 6 – Billing and Reimbursement	30
Provider Reimbursement Rates.....	30
Reimbursement Requirements – All Providers.....	30
Reimbursement Requirements – Radiology and Pathology.....	31
Reimbursement Requirements – Outpatient Breast Biopsy Service.....	31
Denial of Reimbursement.....	32
Process for Submitting Claims.....	32
Claims Processing Timeframe.....	33
Claims Inquiries.....	33
Chapter 7 – Well Woman Medicaid	34
Glossary of Terms	35



Wisconsin Well Woman Program

TABLE OF CONTENTS

Appendices (Pages are not numbered)

Appendix 1 - WWWP At-A-Glance

Appendix 2 - WWWP Income Eligibility Guidelines

Appendix 3 - WWWP Enrollment Form and Instructions (DPH 4818)

Appendix 4 - WWWP Provider Participation Agreement (DPH 4725)

Appendix 5 - Local Activity Report

Appendix 6 - WWWP Covered Services and Reimbursements

WWWP Screening Guidelines and Covered Services

WWWP Reimbursement Rates

Procedure Code Quick Reference

Appendix 7 - WWWP Screening and Diagnostic Reporting Forms

Breast Cancer Screening Activity Report (DPH 4723)

Breast Cancer Diagnostic and Follow Up Report (DPH 4724)

Cervical Cancer Screening Activity Report (DPH 4728)

Cervical Cancer Diagnostic and Follow Up Report (DPH 4729)

Expanded Services Activity Report (DPH 4730)

Appendix 8 - WWWP Claims Submission

Health Insurance Claim Form (CMS 1500)

UB – 92

WWWP Claim Flow Chart

Appendix 9 - WWWP Case Management Client Assessment and Plan

Appendix 10 - Screening Tools and Guidelines

Depression Screening Tools

The Role of Well Woman Practitioners in Asking About Domestic Violence

List of Domestic Abuse Programs in Wisconsin

The JNC VI Guide to Prevention and Treatment of Hypertension:

Recommendations, Risk Stratification and Treatment

National Cholesterol Education Program: ATP III

Guidelines At-A-Glance Quick Desk Reference

Criteria for Diagnosis of Diabetes and Testing Asymptomatic,

Undiagnosed Individuals

Body Mass Index Table

WWWP Clinical Guidelines for Breast and Cervical Cancer

Screening and Follow-up

WWWP Screening Pap Smear Abnormalities

Appendix 11 - WWWP Contacts

Local Coordinating Agency Listing

DPH Regional Office Contact List

Central Office Staff Directory

Appendix 12 - Client Assistance Resources



Wisconsin Well Woman Program

Introduction

This handbook outlines the policies, guidelines, requirements, and procedures for participating in the Wisconsin Well Woman Program (WWWP) as a health care provider or a local coordinating agency. In some cases, the local coordinating agency and the provider of WWWP clinical services have agreed upon the delegation of specific participant agreement requirements. This agreement between the provider and the WWWP local coordinating agency does not change the guidelines, requirements and procedures regardless of who assumes responsibility for them.



Wisconsin Well Woman Program

Wisconsin Well Woman Program - At-A-Glance

Background

- ◆ Provides preventive health screening services to low income, uninsured or underinsured women.
- ◆ Created through the merger of two previous women's health programs: the Wisconsin Women's Cancer Control Program (WWCCP) and the Well Woman Health Screening Program (WWHSP).
- ◆ Breast and cervical cancer screening has been funded since 1994 by the U.S. Centers for Disease Control and Prevention (CDC). Since 1998 the State of Wisconsin has provided funding for other women's health screenings.
- ◆ Administered by the Wisconsin Department of Health and Family Services, Division of Public Health.

Covered Services

- ◆ Pays for selected screenings and diagnostic tests related to:
 - Breast cancer
 - Depression
 - Domestic abuse
 - High blood pressure
 - Cervical cancer
 - Diabetes
 - Cholesterol levels
 - Osteoporosis
- ◆ Covered services are available from participating providers, at no cost to Well Woman clients.
- ◆ Not all covered services are available from every provider.
- ◆ There is no premium, deductible or co-payment for the Well Woman Program.
- ◆ A Well Woman client who is diagnosed with breast or cervical cancer as the result of a WWWP screening may be eligible to enroll in Well Woman Medicaid. Well Woman Medicaid covers the cost of breast and cervical cancer treatment.

Eligibility

- ◆ Woman age 35-64, and
- ◆ No health insurance, or insurance doesn't cover routine checkups and screening, or unable to pay high deductibles and co-payments, and
- ◆ Income is within program limits (at or below 250% of federal poverty level; changes annually on April 1st)

How to Apply

- ◆ Women enroll through their county or tribal Well Woman coordinating agency, or in some cases, through their participating healthcare provider.
- ◆ Simple enrollment form; requires proof of age, income and insurance status.



Wisconsin Well Woman Program

WWWP Responsibilities

The WWWP has the following responsibilities to WWWP health care providers and local coordinating agencies.

- ◆ Reimburse health care providers for screening services.
- ◆ Reimburse local coordinating agencies according to contracted agreements.
- ◆ Maintain ongoing communications with WWWP health care providers and local coordinating agencies regarding policies, procedures and screening data.
- ◆ Develop screening guidelines and reporting requirements.
- ◆ Provide WWWP enrollment forms, reporting forms, and promotional materials.
- ◆ Provide training, technical assistance, and professional education resources.
- ◆ Set, monitor and maintain quality assurance standards.
- ◆ Assure that only CLIA-approved laboratories and MQSA-certified mammography facilities participate in the program. “CLIA” refers to the Clinical Laboratory Improvement Act. “MQSA” refers to the Mammography Quality Standards Act of 1992.
- ◆ Maintain a central client tracking system.
- ◆ Maintain client confidentiality.



Wisconsin Well Woman Program

Chapter 1 - Health Care Providers

Eligible Provider Types

The following provider types are eligible to participate in the WWWP.

- ◆ Ambulatory Surgery Center
- ◆ Anesthetist (Anesthesiologist Assistants, Certified Registered Nurse Anesthetists)
- ◆ Family Planning Clinic
- ◆ Federally Qualified Health Center (FQHC)
- ◆ Hospital - Outpatient
- ◆ Independent Laboratory
- ◆ Mental Health/Substance Abuse Clinic
- ◆ Nurse Midwife
- ◆ Nurse Practitioner
- ◆ Osteopath (DO)
- ◆ Osteopath Group (Clinic)
- ◆ Physician (MD)
- ◆ Physician Group (Clinic)
- ◆ Physician Assistant
- ◆ Portable X-ray Provider
- ◆ Psychotherapist (AODA Counselor, Master's Level Psychotherapist, Psychologist)
- ◆ Rural Health Clinic

Ancillary Providers

The WWWP permits ancillary providers (such as registered nurses and radiology technicians) to provide services when delegated and supervised by a WWWP participating physician.

The delegated service must be within the legal scope of practice of the supervising physician and must be consistent with the education, training and experience of the ancillary provider.

These services must be provided under the direct, immediate, on-site supervision of a physician as part of a physician evaluation and management visit.

Provider Certification

- ◆ WWWP providers must meet the same standards for professional licensure and certification that are required for certification as a Wisconsin Medicaid provider.
- ◆ WWWP providers are strongly encouraged to obtain and maintain Medicaid certification. Providers who participate in Well Woman Medicaid must be Medicaid certified. (See Chapter 7, page 34, for information on Well Woman Medicaid.)



Wisconsin Well Woman Program

- ◆ WWWP mammography providers must be certified by the Food and Drug Administration (FDA) and meet MQSA requirements. Prior authorization by the Radiation Protection Section of the Wisconsin Division of Public Health (DPH), is required for MQSA-certified mobile mammography vans based out-of-state.
- ◆ Laboratories must be certified by the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration, and meet CLIA requirements. Laboratories must be Medicare Part A or Medicare Part B certified.
- ◆ Hospitals (outpatient) must be Medicare and Medicaid certified.

Provider Selection

The following criteria are used as the principal considerations in determining provider participation but are not intended to be exclusionary or to limit participation. These include:

Accreditation or certification status of the site and staff, including maintenance of or referral to a CLIA-approved laboratory and a MQSA mammography facility.

- ◆ Location in relation to other providers and to the population being served.
- ◆ Commitment and historical ability to serve economically disadvantaged and medically underserved women.
- ◆ Ability to network with national, state, and local community organizations to recruit economically disadvantaged women.
- ◆ Experience in providing screening, education, and referral services (either through existing on site facilities or existing referral linkages).
- ◆ Previous experience as a provider with the Wisconsin Division of Public Health (DPH).
- ◆ Capacity to prepare timely reports for submission to the WWWP.

Distribution of Providers

It is the goal of the WWWP to have Participation Agreements with healthcare providers across the state so that eligible women have access to screening services within a 50 mile radius of their residence.

The WWWP will utilize mobile screening vans that are MQSA and CLIA -certified where necessary to improve access.



Wisconsin Well Woman Program

Provider Participation Agreement

Health care providers must sign a WWWP Provider Participation Agreement and a Provider Data Sheet to be reimbursed for services provided to a WWWP client. Providers must complete a new Provider Data Sheet when there is a change in name, billing address or tax identification number. The Data Sheet should be submitted to WWWP at the address on the form.

See Appendix 4 for sample forms.

- ◆ To receive the forms or for more information about being a WWWP health care provider, contact the appropriate WWWP local coordinating agency or the WWWP Central Office (see Appendix 11).

Provider Responsibilities

By signing a Provider Participation Agreement, a health care provider agrees to:

- ◆ Maintain proof of certification as specified on page 7 of this manual.
- ◆ Follow guidelines for the provision of WWWP covered services as specified in Chapter 4 of this manual.
- ◆ Follow guidelines for the tracking and follow-up of normal and abnormal screening results as specified in Chapter 5 of this manual.
- ◆ Maintain documentation in the patient's medical record of WWWP services provided. Documentation includes history, physical assessment, laboratory reports, mammography reports, notification and progress notes. Documentation must be available to the WWWP for audit purposes.
- ◆ Maintain documentation in the patient's records of insurance status and WWWP eligibility.
- ◆ Follow reporting requirements and procedures for submitting claims as specified in Chapter 6 of this manual.
- ◆ Participate with local WWWP coordinating agencies in recruiting and retaining WWWP clients through inreach and outreach activities.
- ◆ Maintain client complaint procedures which assure a client that they will not be discriminated against in the delivery of service on the basis of race, color, disability, creed, national origin, ancestry, sexual orientation, arrest or conviction record, marital status, religion or source of payment.

Discontinuing A Provider

The WWWP will discontinue a provider's participation if basic quality assurance standards are not fully met, or if appropriate follow-up efforts have not been made for all clients. Discontinuation will occur only after attempts to assist health care providers in meeting standards have failed.



Wisconsin Well Woman Program

Chapter 2 - Local Coordinating Agencies

Service Coordination Agreements

The WWWP is a statewide health-screening program coordinated in each county or tribe through a variety of contractual agreements with the Wisconsin Department of Health and Family Services.

Contracts are monitored by regional DHFS public health staff in conjunction with the WWWP central office.

All local WWWP coordinating agencies are expected to designate a WWWP coordinator who is assigned to implement the following activities.

Local Coordinating Agency Responsibilities

1. Eligibility Determination and Enrollment

The local coordinator on behalf of the local coordinating agency is responsible for determining eligibility and enrolling women in the WWWP, following procedures discussed in Chapter 3 of this manual (page 18).

The coordinating agency may develop an agreement with a WWWP health care provider or other community provider, to do eligibility determination and enrollment. The local coordinating agency must assure that the provider(s) follow the procedures outlined in Chapter 3.

2. Case Management

The local coordinating agency is responsible for assuring that WWWP clients residing in the local coordinating agency's county/tribe receive timely and appropriate screening, rescreening, diagnostic services and treatment.

Case management includes:

- ◆ **Assessment:** identify the client's needs for and barriers to clinical and support services.
- ◆ **Referral:** link the client to participating WWWP provider(s). Inform clients about the scope and limits of WWWP covered services and their liability to pay for services not covered by the program.
- ◆ **Advocacy:** assist the client, as necessary, to obtain needed screening, diagnostic and treatment services (examples: identify and link client to sources of financial assistance, community support, translator services, provider referrals, transportation).



Wisconsin Well Woman Program

- ◆ **Care coordination:** broker services of multiple providers and support services so that there is a continuum of care for the client.
- ◆ **Monitoring:** maintain a client database to track and follow enrollment and re-enrollment, screening and rescreening dates, test results and follow-up plans, and to send reminders for rescreening and re-enrollment (or assure that the health care provider does).

See Appendix 9 for the optional WWWP Case Management Client Assessment and Plan form that can be used to document client needs and coordinator notes.

A WWWP client may receive services outside her county of residence. In this case, the designated WWWP coordinator in the county or tribe of service must forward a copy of the client's enrollment form, screening results, any diagnostic results and case progress notes to the coordinator in the client's county of residence.

Occasionally, local coordinating agencies agree that it is appropriate to continue to provide case management in the county or tribe where the client received services. This is acceptable as long as all parties understand that the coordinator in the "service" county or tribe is responsible for all follow-up activities described in Chapter 5 of this manual and must report follow-up activities and results to the WWWP local coordinating agency in the "residence" county or tribe. The "residence" county or tribe local coordinating agency remains responsible for maintaining an updated record for each WWWP client residing in her county.

Remember:

- ◆ **WWWP local coordinating agencies are responsible for knowing the status of all WWWP clients residing in their county or tribe, even if services are provided outside that county or tribe.**
- ◆ **All reports generated from the WWWP central office are based upon a client's county of residence.**
- ◆ **WWWP central office always contacts the local coordinating agency in a client's county of residence for follow-up data regarding abnormal screening results.**

See Chapter 5, page 24, for a complete discussion of case management of normal and abnormal results.

3. Essential Treatment Plan

The local coordinating agency case management responsibilities include assisting clients, when necessary, to obtain treatment and social support when diagnosed as a result of WWWP screening services.

Each local coordinating agency must develop a written Essential Treatment Plan.



Wisconsin Well Woman Program

This plan identifies local, state or national resources that can assist the client in obtaining needed care and treatment. The plan must be updated annually or more frequently as needed. The local coordinating agency must maintain the plan in its files and have it available for review by regional and central office WWWP staff. The plan should include:

- ◆ A list of health care providers who offer the various diagnostic and treatment services that are related to WWWP covered screening services. The list should include health care providers in the county/tribe and may also include regional providers.
- ◆ Information regarding providers who will waive or reduce fees, or negotiate a payment plan with a client.
- ◆ Information about available financial resources, including private community funds, other public programs, and national programs that assist with obtaining medication.
- ◆ Contact names and phone numbers for county public health and social service agencies to assist with benefits and eligibility determination.
- ◆ A list of local support services, such as the American Cancer Society, American Heart Association, and groups organized through hospitals, clinics and faith communities.

Suggestions for Assisting Women Who Need Treatment

- ◆ Encourage the client to seek a social worker within the clinic/hospital. Provide the name and phone number of the social work department for the client.
- ◆ Facilitate application process for Well Woman Medicaid if the client is diagnosed with breast or cervical cancer (See Chapter 7, page 34). For other conditions, investigate the hospital's or clinic's system to assist individuals who cannot afford medical services. These programs (charity care, community care, hardship funds) typically require the client to complete an application.
- ◆ Assist the client with negotiating a reasonable payment plan with the health care provider for uncovered services. Most clients do not know that this is an option.
- ◆ Insure that the client is informed about the services available through the American Cancer Society, including the Navigator Program, and about local support groups that are available.
- ◆ Talk with client about ongoing treatment expenses and financial assistance to cover those costs. Communicate with physicians on behalf of clients to encourage participation in indigent drug programs or assist them with accessing resources through the internet (see chapter 7).
- ◆ Utilize Appendix 12 to fulfill other needs for clients (i.e. transportation, childcare, wigs, prosthetics, sleeves, etc.).



Wisconsin Well Woman Program

4. Provider Support

Local coordinating agencies recruit, train, and support WWWP health care providers in their areas. Once a provider has signed a WWWP Participation Agreement, a Provider Data Form must be completed and signed by the provider. The local coordinating agency should keep copies of these documents and forward the originals to the WWWP Central Office.

Adequate provider training is critical to smooth operations within the WWWP. Training can be offered to provider reception staff, clinical staff and billing staff. Local coordinating agencies can assist providers in developing internal procedures for paper flow, obtaining screening results, billing and coordinating follow-up services. It is critical that local coordinating agencies receive timely screening results from providers. An emphasis on the importance of this should be incorporated into all aspects of training. Local coordinating agencies should ensure that each provider site receives a minimum of one complete WWWP Manual and supplies of all required forms. Local coordinating agencies may develop a modified WWWP manual for training purposes by copying relevant sections. Training and consistent contact with providers ensures that providers are up-to-date on program changes and that issues can be resolved efficiently.

5. Billing and Reimbursement Assistance

The local coordinating agency's primary role with billing and reimbursement is to educate providers on billing procedures and WWWP covered services, and to assist clients who may have received a bill for a WWWP covered service.

To pay a claim, the WWWP must have the following on file:

- ◆ A signed, current WWWP Provider Participation Agreement and Provider Data Sheet.
- ◆ A signed, current WWWP client enrollment form.
- ◆ WWWP reporting form(s) that include all required data.
- ◆ A completed CMS 1500 or a UB-92 form.

WWWP will reject a claim if any of the required forms are missing or do not include all required data. The WWWP will reject a claim made for a service not covered by the WWWP or if the client, who received the services, is not enrolled in the WWWP.

Local coordinating agencies may receive phone calls from providers with technical questions about completing forms or concerns about unpaid claims that were submitted. The local coordinating agency should refer the provider directly to WWWP billing and reimbursement staff with these questions.



Wisconsin Well Woman Program

WWWP's billing and reimbursement staff can be reached at (608) 221-3846

See Chapter 6 of this manual for a complete discussion of billing and reimbursement.

Local coordinating agencies also may receive phone calls from clients indicating that they received a bill from the health care provider for services that should be covered by WWWP. It is the responsibility of the local coordinating agency to facilitate resolution of these issues. Resolving patient billing issues requires the local coordinating agency to: 1) have specific information about what services were billed to the client; 2) distinguish which of those services are covered by WWWP and which are not; 3) communicate with the provider to correct billing errors; and 4) communicate with the client to be sure she is aware of any remaining balance for which she is financially responsible.

6. Reporting

Local coordinating agencies are required to submit a Local Activity Report (LAR) to the WWWP Central Office on a semi-annual basis. (See Appendix 5 for a sample form).

The LAR data is used to complete reports required by the CDC, including the System for Technical Assistance Reporting (STAR). It also is used for the midyear contract monitoring and for annual contract renegotiation.

7. Outreach, Recruitment and Education

The objective of WWWP outreach and education activities is to enroll, screen and rescreen women who are eligible for the program. This requires a targeted marketing approach that includes:

- ◆ Community assessment to identify characteristics of the population to be reached. Assessment to identify individuals, organizations, media, businesses and health or social service providers who can partner with the WWWP to increase awareness of services available and help recruit WWWP clients. Local coordinating agencies also are encouraged to develop or join local coalitions and partnerships that promote greater public awareness of women's health issues and services in the county, tribe and community.
- ◆ Selection of outreach strategies appropriate to the intended audiences, such as selected media; planned screening days; targeted advertising, poster and flier distribution; displays; small group presentations; and individual contacts.
- ◆ Encouraging WWWP health care providers to identify potentially eligible women within their patient population (inreach) and to utilize rescreening reminder systems.



Wisconsin Well Woman Program

Local coordinating agencies may implement outreach and promotional activities themselves, or they may develop memorandum of understanding with a WWWP health care provider or other organization to provide WWWP outreach.

The WWWP central office supports local outreach by providing:

- ◆ Promotional fliers and posters in a format that can be locally customized and reproduced. These materials are available in English, Spanish and Hmong.
- ◆ The WWWP logo.
- ◆ The WWWP display, available on loan through DPH regional office contacts.
- ◆ Information about health education materials available through the Wisconsin DHFS or other organizations.
- ◆ A statewide, toll-free access number. The Wisconsin Women's Health Hotline (1-800-218-8408) provides health resource information and can connect callers with a WWWP coordinator in their area.
- ◆ Special public awareness campaigns as feasible, utilizing radio, television and print media.

Local coordinating agencies or their designated outreach providers may develop promotional materials. Any materials developed locally must display the WWWP logo and the attribution: "A service of (provider or agency name) through funding provided by the Wisconsin Department of Health and Family Services."

Local coordinating agencies or their designated outreach providers may purchase promotional incentive items or health education materials as their budget permits.

Absence or Change of Designated Coordinator

If the designated WWWP local coordinator is absent for any reason (out of office, on leave, reassigned to other duties, or terminated employment), the coordinating agency must assure that the public and WWWP clients have continuing access to WWWP information and services.

The agency must notify the DPH/WWWP regional and central offices whenever there is a vacancy or change in designated WWWP coordinator.

Information and Assistance for Local Coordinating Agencies

1. Technical assistance and information sharing is available to local coordinating agencies.

- ◆ The WWWP regional office contact person in the area is the first point of contact.



Wisconsin Well Woman Program

- ◆ The WWWP central office may be contacted by the regional office and/or the local coordinating agency to answer questions or give technical assistance that the regional office cannot provide.
- ◆ Other WWWP local coordinating agencies are a resource for problem solving and sharing ideas.

See Appendix 11 for a current directory of regional, state and local contacts.

2. Training

- ◆ Local coordinating agency orientation is available at the WWWP Central office. The local coordinating agency should contact WWWP Central office at (608) 266-8311 to request this training.
- ◆ The WWWP Central Office provides one annual training for all designated coordinators. This may be either a statewide or regional training.

3. Access to WWWP Forms and Publications

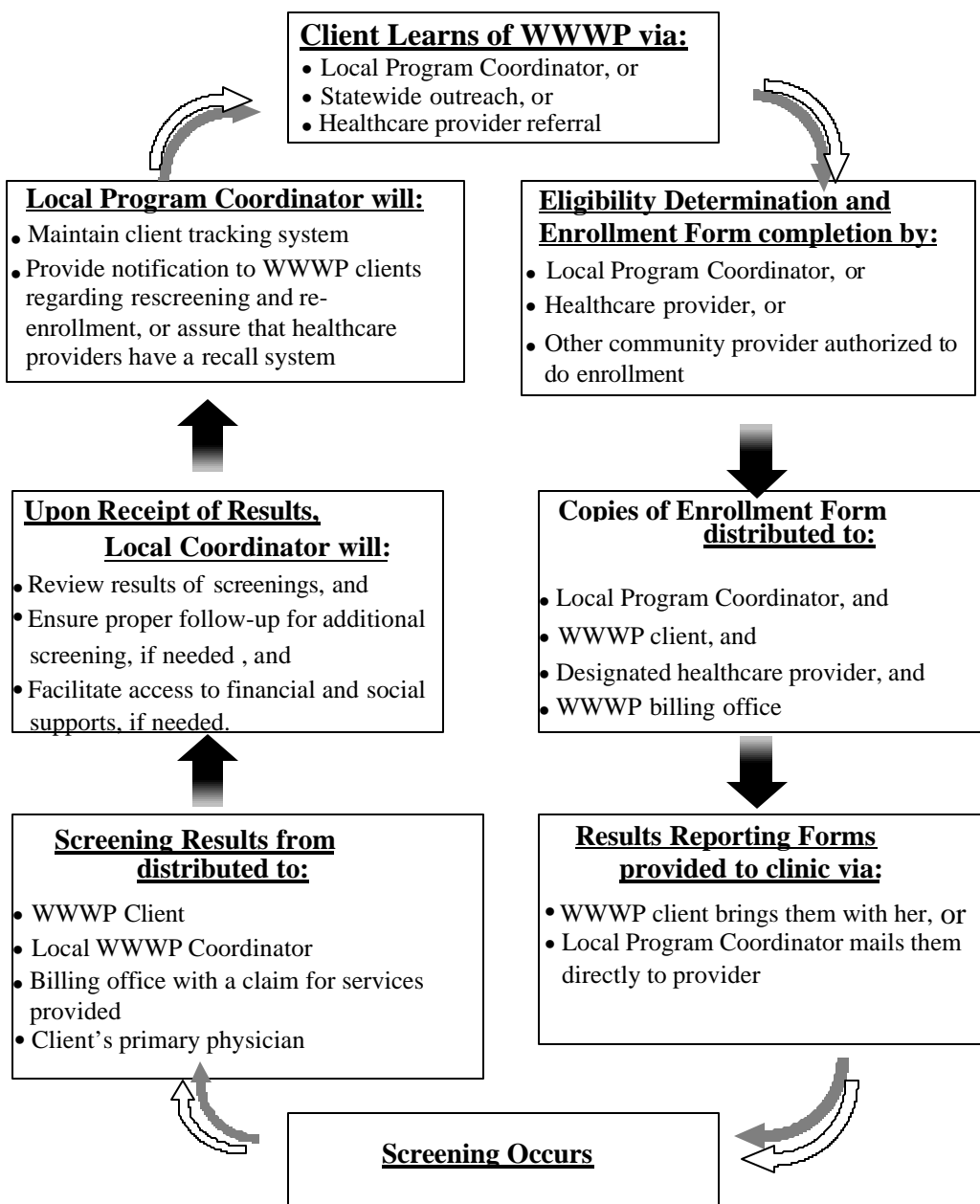
- ◆ **WWWP Enrollment Forms and Reporting Forms: call (608) 221-3846.**
- ◆ **WWWP Policy and Procedures Manual: call (608) 221-3846.**
- ◆ **WWWP Provider Participation Agreement Forms and Provider Data Sheets: call (608) 221-3846.**
- ◆ **WWWP reproducible promotional materials: call (608) 266-8311.**



Wisconsin Well Woman Program

Figure 2.1

WWWP Service Delivery Process





Wisconsin Well Woman Program

Chapter 3 - Eligibility and Enrollment

Client Eligibility

A woman wishing to enroll in the Wisconsin Well Woman Program must meet each of the following eligibility requirements.

1. Age

WWWP covers women residing in Wisconsin who are 35 through 64 years old.

WWWP may enroll Medicare-eligible women age 65 and older in limited circumstances. (See discussion under #3, below.)

The priority for the mammography component of the program is to screen women ages 50-64. By federal mandate 75% of women receiving mammograms through the WWWP must be 50-64 years old.

2. Income

Women must have a gross household income or a net taxable income at or below 250% of the current federal poverty level. These income guidelines change annually on April 1st. Refer to Appendix 2 for current WWWP income eligibility limits.

The WWWP utilizes the Wisconsin Women, Infants and Children (WIC) nutrition program guidelines for determining household size and income. A family, household, or economic unit is defined as a person or group of persons related or nonrelated who usually (although not necessarily) live together, and whose production of income and consumption of goods are related. **Gross household** income is determined before deductions for income taxes, Social Security taxes, insurance premiums, bonds, etc. For persons who are farmers or self-employed, eligibility is based on **net taxable income**.

For more information on determining income, see the WIC Operations Manual, Chapter 2, Section 2.3, C through F. To access the Manual, contact your local WIC agency or visit the web site, www.dhfs.state.wi.us/WIC/index.htm. Click on "WICPRO."

3. Insurance

A woman who is age and income eligible for WWWP also must fall into one of the following categories:

- ◆ The woman has no health insurance (**uninsured**), or
- ◆ The insurance she has does not pay for these health screenings (**underinsured**), or
- ◆ Her insurance does not fully cover the costs of the screening every year (**underinsured**).



Wisconsin Well Woman Program

Private Insurance

A woman who meets the income and age eligibility requirements and has private insurance is eligible for WWWP screening services if she is financially unable to pay the deductible/co-payment or if her insurance plan does not cover WWWP screening services. The WWWP will only reimburse for the amount of the deductible/co-payment or the WWWP reimbursement rate, whichever is less.

Medicaid / Badgercare

A woman enrolled in Medicaid or Badger Care is not eligible for WWWP screening services because the services are covered by these two programs.

Medicare

A woman enrolled in Medicare-Part B is not eligible for the WWWP.

A woman who is eligible but not enrolled in Medicare-Part B should be encouraged to enroll in Part B.

A woman who is Medicare - eligible but cannot pay the premium to enroll in Medicare Part B, and is income and age eligible for the WWWP, may enroll in the WWWP.

Client Enrollment Process

A woman enrolls in the WWWP through either the WWWP local coordinator, or a WWWP health care provider who has an enrollment agreement with the local coordinating agency.

To enroll, a woman must:

- ◆ Live in Wisconsin.
- ◆ Provide proof of age (example: birth certificate, driver's license)
- ◆ Provide proof of income (example: pay stub, income tax forms). A woman without a documented income may use eligibility for other social services, such as unemployment insurance, food stamps, or the WIC program, as proof of eligibility. When no other documentation is available, a signed statement from the client may be accepted.
- ◆ Provide information about her insurance status. If a woman has health insurance but is determined to be eligible and is enrolled in the WWWP, she should be prepared to give her WWWP healthcare provider the name of her insurer and her member or policy number.
- ◆ Complete and sign the WWWP enrollment form.



Wisconsin Well Woman Program

Enrollment Form

The WWWP enrollment form (DPH 4818) provides client data that is fundamental for individual case management, for provider reimbursement and for overall program evaluation and surveillance.

WWWP local coordinating agency or health care providers who enroll women must assure that the form is complete, accurate, legible and signed.

The original (white) copy of the four-ply form is submitted to the WWWP. The WWWP provider, coordinating agency and client each also receive a copy.

See Appendix 3 for a sample enrollment form.

Client Identification

Every WWWP client must have a unique identifier which will be either a Social Security Number (SSN) or an assigned client identification number (CIN). This number is on the enrollment form and must be recorded on all reporting and billing forms submitted to the WWWP.

On occasion, a client may not have a SSN or may choose not to provide one. In these cases, a CIN will be generated by the WWWP local coordinator. Substitutes for the SSN should only be used at the insistence of the client. They may not be used to avoid asking or checking for a SSN.

Health care providers must contact the WWWP local coordinating agency, if the WWWP client does not have a SSN or CIN at the time she has her appointment with the provider. The local coordinator will then assign a CIN. Only the WWWP local coordinating agency may assign a CIN. The WWWP Central Office will provide local coordinating agencies with the procedure for assigning a CIN.



Wisconsin Well Woman Program

Enrollment on or After Date of Service

- ◆ *Revision Pending --- replacement pages will be sent to you.*



Wisconsin Well Woman Program

Annual Re-Enrollment

WWWP clients must have their eligibility reviewed annually and an enrollment form completed and signed on or before the anniversary of their initial enrollment in the WWWP. For example, if a client was initially enrolled on August 15, 2001, her re-enrollment should be completed on or before August 15, 2002. This helps assure continuity of care for the client and timely reimbursement for the health care provider.

The WWWP uses the same form (DPH 4818) for initial enrollment and for re-enrollment.

Inactive Client

A previously enrolled client is considered inactive when she does not currently meet the WWWP eligibility requirements, she chooses not to participate, she has moved out of state or she is deceased.

The local coordinating agency will retain the client's records for five years after the last date of service.



Wisconsin Well Woman Program

Chapter 4 - Covered Services

The Wisconsin Well Woman Program covers selected screening procedures related to breast cancer, cervical cancer, diabetes, depression, hypertension, lipids, cardiovascular risk, osteoporosis and domestic abuse.

The WWWP's goal is to provide each client with the most complete health assessment and the most appropriate array of screening procedures feasible within the limits of the program's covered services. For that reason:

- ◆ The WWWP recommends that each client receive an initial and then, periodic preventive medicine evaluation that minimally provides a health history and a physical assessment specifically relating to the health conditions covered by the WWWP. (CPT Codes 99385 - 99387 and 99395 - 99397) If a health care provider can offer some but not all WWWP-covered services appropriate for a client, the provider may refer the client to another participating WWWP provider for the remaining services. For this reason, the WWWP will allow two preventive medicine office visits per client per year.
- ◆ The WWWP covers selected screening procedures.
- ◆ The WWWP covers selected follow-up and diagnostic procedures within one year of the initial or annual office visit.

See Appendix 6 for a complete, current list of WWWP covered services. The WWWP covers only those services or procedures listed in Appendix 6.

- ◆ Effective January 1, 2002, WWWP clients diagnosed with breast cancer or cervical cancer will be eligible to enroll in Well Woman Medicaid. See Chapter 7 of this manual.
- ◆ The WWWP **does not** cover services and procedures related to the treatment or management of hypertension, dyslipidemia, diabetes, osteoporosis, depression or domestic abuse, or any other condition, diagnosed as a result of WWWP screening services.
- ◆ The WWWP **does not** cover services and procedures related to the treatment and management of any conditions diagnosed prior to a client's enrollment in the WWWP.
- ◆ If the health care provider recommends services or procedures not covered by the WWWP, the provider, prior to performing the services or procedures, **must** inform the client that she is responsible for paying for the non-covered service.
- ◆ The local coordinating agency and the health care provider will help the client identify a plan and resources to obtain necessary treatment and follow-up services. (See Essential Treatment Plan, page 11 of this manual.)



Wisconsin Well Woman Program

Chapter 5 – Case Management and Reporting

Chapter 2 broadly describes the local coordinating agency's role in case management as assessment, referral, advocacy, care coordination and monitoring.

This chapter focuses on the specific procedures for the post-screening follow-up of both normal and abnormal results, and on the documentation and reporting of results required by the WWWP.

These procedures and requirements are based upon generally accepted guidelines or standards of care and on the requirements of the National Breast and Cervical Cancer Early Detection Program.

Case Management of Normal Results

Provider Responsibilities

1. Complete the appropriate WWWP screening activity reporting forms (DPH 4723, DPH 4728, DPH 4730) and submit to the WWWP local coordinator and the WWWP billing office.
2. WWWP recommends that service providers establish systems (e.g. letter, postcards, phone call, etc.) to inform clients and their primary health care provider of their normal screening results. This reassures clients and avoids unnecessary calls from them regarding their test results.
3. Providers are encouraged to inform clients of recommended rescreening intervals, when the results are normal. This can be done at the time the client is informed of her results.
4. The provider must document, in the client's record, examination findings and results of screening procedures, client notification and recommended rescreening date(s).

Local Coordinating Agency Responsibilities

1. Maintain a confidential database of enrolled clients.
2. Maintain a folder for every enrolled client. The folder will contain the enrollment form, reporting forms and any progress notes, letters, etc.
3. Establish a reminder system (manual or electronic) to notify clients of their rescreening dates, or assure that the WWWP health care provider utilizes such a system. One month



Wisconsin Well Woman Program

prior to the recommended rescreening date, mail or telephone a reminder to the client to schedule her screening exam.

The local coordinating agency must document, in the client's record, the date of each office visit and the results of screening tests (copy of ARF is satisfactory), client notification, recommended follow-up or rescreening date.

Case Management of Abnormal Results

Follow-up of abnormal screening results is a crucial component of the WWWP. Responsibility for case management is shared between the service provider and the local coordinating agency.

WWWP covers most necessary diagnostic services for abnormal breast or cervical screenings. (See Appendix 6). The screening provider will determine the frequency and type of diagnostic work-up or follow-up needed, with reference to the WWWP Clinical Guidelines (see Appendix 10) and appropriate diagnostic texts or references. Procedures other than those covered by WWWP should be encouraged as appropriate and potential coverage through other programs sought via the efforts of the local coordinating agency.

WWWP clients diagnosed with breast or cervical cancer as a result of a WWWP screening are eligible to enroll in Well Woman Medicaid (See Chapter 7, page 34).

Provider Responsibilities: Breast and Cervical

1. Provide further diagnostic evaluation for the following results:
 - ◆ All abnormal CBEs, independent of the mammography results.
 - ◆ All abnormal mammograms, independent of the CBE findings.
 - ◆ All Pap tests which show potentially malignant or premalignant findings.

WWWP recommends a 3 month repeat Pap screen for a premenopausal or perimenopausal woman with a Pap result that is within normal limits but limited by lacking endocervical cells. For a more detailed discussion, see Appendix 10, *WWWP Clinical Guidelines for Breast and Cervical Cancer Screening and Follow-up*.

2. Provide diagnostics and initiate treatment within the following timeframe:
 - ◆ The median days between an abnormal mammogram with work up planned and final diagnosis should be less than 60 days.
 - ◆ The median days between an abnormal clinical breast examination with work up planned and final diagnosis should be less than 60 days.
 - ◆ The median days between an abnormal pap result with work up planned and final diagnosis should be less than 60 days.



Wisconsin Well Woman Program

- ◆ The median days between final diagnosis of CIN II, CIN III/CIS, Invasive Cervical Cancer or Adenocarcinoma who have treatment recommended and initiation of treatment should be less than 60 days.
- ◆ The median days between final diagnosis of breast cancer and initiation of treatment shall be less than 60 days.

3. Notify the local coordinating agency of the abnormal results within 10 working days of receipt of such results.

The following information will be supplied to the local coordinating agency:

- ◆ Client name and SSN/CIN
- ◆ Health care provider name
- ◆ Screening date and results
- ◆ Recommended follow-up

The provider will notify the local coordinating agency, if the client needs follow-up which is not available from the screening provider, or is not covered by the WWWP.

4. Notify the client as follows:

- ◆ WWWP providers will notify the client and her primary health care provider by telephone and, if possible, letter, of the screening date, all abnormal results and recommended follow-up. **Mammogram results must be reported to the client in writing.**
- ◆ If the client does not have a primary care provider, the local coordinating agency and the WWWP screening provider will assure that the client receives appropriate follow-up. Notification of the abnormal results will be made directly to the client.
- ◆ Clients should be notified about the benefits of receiving, and the consequences of refusing follow-up services. Clients should also be informed about WWWP coverage of services, as applicable.
- ◆ If there has not been a response from the client or her primary health care provider within 30 days, the WWWP screening provider will send a second follow-up letter to the client and her primary health care provider as well as attempting to reach both parties by telephone. WWWP providers are encouraged to use certified letters for legal purposes.



Wisconsin Well Woman Program

- ◆ If there has not been a response within fourteen days, the WWWP screening provider must notify the local coordinating agency so that follow-up may be initiated through the WWWP local coordinating agency. The WWWP screening provider will give the local coordinator the following information:

- ◆ Client name
- ◆ Date of birth, SSN/CIN
- ◆ Address and telephone number
- ◆ Provider name and address
- ◆ Date of services
- ◆ Reason follow-up required
- ◆ Follow-up methods attempted

5. Final Diagnosis, Reporting and Documentation:

- ◆ WWWP providers making referrals to other health care providers for further services will request copies of the final diagnosis and disposition and document this data in the client's records.
- ◆ A final diagnosis for breast and cervical abnormalities must be established and recorded: either "no malignancy found" or if a malignancy is found, the pathologic diagnosis along with tumor size and American Joint Committee on Cancer (AJCC) stage. Also if treatment is needed, note the date it is started.
- ◆ WWWP providers must complete the appropriate WWWP breast and cervical screening and diagnostic forms to report services, results, recommended follow-up, final diagnosis and, when needed, treatment start date, and submit the form(s) to the WWWP. See Appendix 7.
- ◆ WWWP providers must document, in the client's medical record, the date of each office visit, examination findings, results of screening tests, client notification, recommended follow-up, results of diagnostic tests, final diagnosis, and, if needed, the date treatment is started.

Provider Responsibilities: Expanded Services

1. WWWP providers must complete and submit an expanded services reporting form, indicating what, if any, follow-up services are recommended. (See Appendix 7)
2. **The WWWP covers only those services listed in Appendix 6 of this manual. Additional services, whether screening, diagnostic or treatment, will be the responsibility of the client. Clients should be reminded of this responsibility before such services/procedures are provided.**



Wisconsin Well Woman Program

3. Contact the local coordinator if the client needs assistance in obtaining recommended diagnostic or treatment services for the expanded program components that are not reimbursed by the WWWP.
4. The provider must document, in the client's medical record, the date of each office visit, examination findings, results of screening tests and recommended follow-up.

Local Coordinating Agency Responsibilities: Breast, Cervical and Expanded Services

1. Local coordinating agencies will use a client tracking system to assure that the recommended referral, diagnostic and treatment services for breast or cervical cancer are provided to the client within the required time frames.
2. Local coordinating agencies will contact the WWWP provider, if results of breast, cervical or expanded services screenings have not been received.
3. Local coordinating agencies will assist WWWP providers in contacting the client for recommended follow-up, if needed.
4. For breast and cervical abnormal results, local coordinators will use a variety of strategies to ensure appropriate follow-up, after second notification by the WWWP screening provider, including telephone contact, certified mail, personal visit to the client's home and, if needed, notifying contact person on enrollment form.
5. Local coordinating agencies will utilize their Essential Treatment Plan (page 11) to assist the client in obtaining recommended breast, cervical or expanded diagnostic services or treatment that are not covered by the WWWP.
6. Local coordinating agencies will document in the client's record whether follow-up information was received, the date it was received, whether the information was received from the provider or the client and the results to follow-up.
7. Local coordinating agencies will specify whether there is a final disposition or whether additional follow-up is required and will ensure that a final diagnosis is recorded for breast and cervical abnormalities.

Reporting Forms

The WWWP requires providers to use the following forms to report screening and diagnostic procedures for WWWP clients. Completion, submission and distribution of each copy of each form, as noted on the form, is essential for reimbursement and case management.



Wisconsin Well Woman Program

- ◆ Breast Cancer Screening Activity Report (DPH 4723)
- ◆ Breast Cancer Diagnostic and Follow-up Report (DPH 4724)
- ◆ Cervical Cancer Screening Activity Report (DPH 4728)
- ◆ Cervical Cancer Diagnostic and Follow-up Report (DPH 4729)
- ◆ Expanded Services Activity Report (DPH 4730)

See Appendix 7 for sample forms and instructions.

Providers and local coordinating agencies can order these forms from:

**WWWP
PO Box 6645
Madison, WI 53716-0645**

**or call:
(608) 221-3846**



Wisconsin Well Woman Program

Chapter 6 - Billing and Reimbursement

Provider Reimbursement Rates

- ◆ Reimbursement rates for WWWP are determined using the current Medicare Reimbursement Rates for Wisconsin.
- ◆ Reimbursement rates for WWWP change annually on April 1.
- ◆ Refer to Appendix 6 for the current reimbursement rates.
- ◆ The WWWP will not pay for more than one office visit code per date, per individual provider.
- ◆ The WWWP is the payer of last resort.

Reimbursement Requirements – All Providers

- ◆ The WWWP must have a signed Provider Participation Agreement, a Provider Data Sheet and a signed WWWP client enrollment form on file.
- ◆ The provider must complete and submit the required WWWP reporting forms that document services provided, results and actual or recommended follow-up. The forms and reporting process are described in Chapter 5, of this manual.
- ◆ The provider must maintain documentation in the client's medical record of WWWP services provided. Documentation is described in Chapter 1, page 9 and Chapter 5, of this manual.
- ◆ The provider must first submit claims to a client's private insurer, Medicare or other third-party payer, if the client is covered. If Medicare or other third-party does not cover the entire cost of the screening services, the provider may bill the WWWP for the remaining costs. The WWWP will reimburse at the WWWP reimbursement rate or the actual remaining cost, whichever is less. If the amount paid by Medicare or other third-party is the same or exceeds what WWWP normally reimburses for the procedure, no further reimbursement will be provided by the WWWP.



Wisconsin Well Woman Program

Reimbursement Requirements - Radiology and Pathology

- ◆ The referring health care provider must inform radiology and pathology providers that the client's services will be paid by WWWP. This alleviates radiology or pathology billing a client directly.
- ◆ The type of screening must be identified on all claims submitted to WWWP for reimbursement.
- ◆ If a service provider is billing for the **technical component** of a service, the provider must include the **modifier TC** along with the CPT Code.
- ◆ If the provider is billing for the **professional component** of a service, the provider must include the **modifier 26** along with the CPT Code.
- ◆ If no modifier is used on such services, the global rate will be paid to the first provider submitting a claim with complete information. The other provider will be denied payment. This is also true when a provider bills the exact WWWP reimbursement amount for a specific service at the modifier reimbursement rate, without using the modifier. In this case the first provider will receive the allotted amount. Subsequent providers filing their claims with a modifier will not be reimbursed since the computer will read it as a global payment, regardless of the amount billed. See Appendix 6 for approved CPT codes and the modifiers associated with them.
- ◆ The services listed in Appendix 6 of this manual are services that will be reimbursed by the WWWP.

Reimbursement Requirements - Outpatient Breast Biopsy Service

- ◆ The breast biopsy and biopsy related services found on the WWWP service listing are to be reimbursed at the current Medicare reimbursement rates (See Appendix 6). These rates will be updated annually with changes effective on April 1. Only those CPT Codes and procedures listed will be reimbursed by WWWP. No exceptions will be made. All WWWP biopsy services will be reimbursed for outpatient services only.
- ◆ WWWP will reimburse the hospital or other outpatient facility and the performing physician for the biopsy. Anesthesia services will be reimbursed using the biopsy procedure code. However, the Time Units and Base Units for anesthesia must be included on the claim so that the claim can be calculated using the reimbursement formula for anesthesia services.



Wisconsin Well Woman Program

- ◆ Use of Modifiers is necessary when billing for anesthesia. The **modifier QX** will indicate medical direction of the anesthesia service and the **modifier QZ** will determine a non-directed Certified Registered Nurse Anesthetist (CRNA) service.
- ◆ WWWP will reimburse for anesthesia at the calculated anesthesia rate or a maximum of the allowable rate as indicated for the specific service performed and at the current reimbursement allowed. Reimbursement of all three providers involved with a WWWP specified procedure will be allowed only where appropriate.

Denial of Reimbursement

Claims will be denied for any of the following reasons. WWWP will send the provider a remittance identifying the reason(s) for a claim denial.

- ◆ If services were provided to ineligible women (i.e., women who do not meet the age, income, insurance, or screening frequency and/or screening interval requirements).
- ◆ If a signed WWWP client enrollment form and a current signed Provider Participation Agreement and Provider Data Sheet are not on file with the WWWP.
- ◆ If required WWWP report forms were not submitted to the WWWP, or all of the required data elements on the forms were not completed.
- ◆ If the service is not covered by the WWWP. (See Appendix 6.) WWWP will not reimburse treatment costs or surgical consultations to discuss treatment and/or other treatment costs for clients participating in this screening program. WWWP clients diagnosed with breast or cervical cancer as a result of WWWP covered screenings may be eligible to enroll in Well Woman Medicaid, which will cover their treatment.
- ◆ If the guidelines for screening and follow-up outlined in this manual are not met.

Process for Submitting Claims

- ◆ Complete the appropriate reporting form(s) and mail to WWWP. See Appendix 8 for sample forms and instructions. Note that the WWWP must have signed, complete client enrollment form and Provider Participation Agreement and provider Data Sheet on file to process a claim.
- ◆ Complete either a CMS 1500 or a UB-92 form. See Appendix 8.
- ◆ Submit claims to the WWWP within 365 days of date of service.



Wisconsin Well Woman Program

Claims Processing Timeframe

The turnaround time between WWWP claims submission and reimbursement generally is three weeks. This assumes that all appropriate forms have been submitted, that there are no missing or inadequate data on the forms, and that there is a current Provider Participation Agreement, Provider Data Sheet and a signed client enrollment form on file with the WWWP.

Claims submitted with reporting forms that have incomplete procedure results will be held for up to 30 days from day received. If completed data is submitted within the 30 days, the WWWP will match the claim and data and the claim will be processed. If the missing data is not received within the 30-day period, the WWWP will report denials on the Detailed Remittance Advice.

If a claim is denied, the WWWP will send the provider a remittance listing the reason(s) for denial. The turnaround time between claims submission and claims denial generally is three weeks.

Claims Inquiries

A provider who has questions about the status of a WWWP claim should:

- ◆ Contact the local coordinating agency, **and**
- ◆ Call WWWP at (608) 221-3846. Provide the name of the client, client date of birth, date of service(s) and CPT codes(s), and the provider Medicaid number.
- ◆ If the situation cannot be resolved, contact the WWWP Service Delivery Coordinator and request a review. (See Appendix 11).



Wisconsin Well Woman Program

Chapter 7 – Well Woman Medicaid

Background: The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA-the Act) (Public Law 106-354) gives states enhanced matching funds to provide Medicaid eligibility to a new group of individuals previously not eligible under current program criteria. The new option allows the state to provide full Medicaid benefits to uninsured women under the age of 65 who are identified through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and in need of treatment for breast or cervical cancer. The Wisconsin Well Woman Program is a component of the NBCCEDP.

Effective Date: January 1, 2002

Benefits: All Medicaid mandatory and optional services. This includes all pharmacy, acute and primary care services covered by Medicaid.

Eligibility for coverage ends when the course of treatment is completed, or the state determines that eligibility criteria for this category are no longer met. Services provided under this option should be to the maximum extent possible, consistent with optimal standards of practice.

The duration of treatment is dependent on multiple factors including the stage of disease at the onset of treatment, the intent of treatment (e.g., curative or palliative) the current standard of practice for treating breast or cervical cancer, and the availability of investigational programs.

The duration of treatment will be dictated by the patient's response to available treatment modalities, including associated toxic side effects. In many instances, treatment duration is determined by established treatment protocols or by clinical parameters achieved in an investigational study. In addition, the ongoing medical needs of the patient following active treatment will dictate the need for access to medically necessary services approved by the Medicaid Program.

Enrollment: The Wisconsin Medicaid Program has set up a fast and simple enrollment process using a one-page application form. This form can be completed by the person diagnosed with breast or cervical cancer or by another person acting as a representative – such as a staff person in a medical office, the local coordinator of the screening program, a relative or friend. The applicant must sign the form to request this coverage.

Retroactive Medicaid coverage: Coverage will begin on the first of the month in which the breast or cervical cancer was diagnosed, up to three months retroactive to the date of application.

For example, if the diagnosis was made on August 15:

If the application is filed in September, Medicaid coverage will be effective August 1

If the application is filed in December, Medicaid coverage will be effective September 1



Wisconsin Well Woman Program

Glossary of Terms

ACR

American College of Radiology.

ACR Lexicon/Birads

The method and language CDC requires for reporting mammography results to the WWWP. (The ACR Lexicon method of reporting is the language used on the required reporting forms provided by the WWWP. Reporting of mammography results must be done by persons qualified and responsible for interpretation and the accurate reporting (translation as needed) of mammography results.

Additional Mammographic Views

Compression views, cone compression magnification views, and diagnostic mammograms. For the WWWP purposes, this information must be reported on the Breast Cancer Diagnostic and Follow-up Report (DPH 4724).

AODA

Alcohol and other drug abuse.

Bethesda System

Method of reporting Pap test results that is required by the WWWP.

Case Management

The process of assuring WWWP clients receive timely and appropriate screening, rescreening, diagnostic services, and treatment.

CBE

Clinical Breast Exam - an examination of the breast by a qualified health care practitioner.

CDC

United States Centers for Disease Control and Prevention (the agency responsible for administering the National Breast and Cervical Cancer Early Detection Program, or NBCCEDP).

CLIA

Clinical Laboratory Improvement Act of 1988. CLIA regulates all laboratories testing human specimens for the prevention, detection, diagnosis or treatment of diseases for health assessment purposes.

CMSA

Centers for Medicare and Medicaid Services Agency, U.S. Department of Health and Human Services. Formerly the Health Care Financing Administration (HCFA).

CPT



Wisconsin Well Woman Program

Current Procedure Terminology. Codes used for billing purposes.

Date of Final Diagnosis

This is the date that the clinical diagnosis is made, or the date at which the clinical decision is made that no more attempts will be made to contact the woman. If a woman dies before the diagnostic workup is started, enter the date of death as the date of administrative closeout. (The date of final diagnosis is an important outcome measure for the Breast and Cervical Cancer Program. Program measures such as time from screening to diagnosis and time from diagnosis to treatment are calculated using this date.)

Diagnosis/Final Decisions

This means that the diagnostic testing is complete and that final diagnosis and date of final diagnosis are known. The final diagnosis is an important outcome measure for the Breast and Cervical Cancer program.

Diagnostic Mammogram

Mammogram performed on a patient with clinical signs, symptoms, or physical findings suggestive of breast cancer, abnormal or questionable screening mammogram; a history of breast cancer with breast conservation surgery regardless of symptoms or physical findings; or augmented breast regardless of presence/absence of clinical breast signs, symptoms, or physical findings.

DPH/DHFS

The Wisconsin Division of Public Health, Department of Health and Family Services, which administers the Wisconsin Well Woman Program.

Expanded Services

Screening Services and procedures for hypertension, dyslipidemia, diabetes, osteoporosis, depression and domestic abuse that are reimbursable by the WWWP.

FNA

Fine Needle Aspiration.

Health Care Provider/Provider

Physicians, physician assistants, nurse practitioners, mental health providers, clinics, hospitals and laboratories who provide WWWP screening and diagnostic services under an agreement with the Wisconsin DHFS.

LAR

Local Activity Report, a Wisconsin Well Woman Program form for reporting local coordinator time allocation and outreach activities.



Wisconsin Well Woman Program

Local Coordinating Agency/Local Coordinator

Agency and its staff that provide client outreach, recruitment, case management and health care provider liaison at the county, multi-county or tribal level for the WWWP under an agreement with the Wisconsin DHFS.

Lost to Follow-up

Lost to follow-up should be used for women when tracking efforts have been attempted, but have failed regardless of whether the reason is known (i.e., death, moved, etc.) or unknown. If a woman dies or moves before the workup is started, enter “lost to follow-up.”

MQSA

Mammography Quality Standards Act of 1992, that establishes national quality standards for mammography equipment and services.

NBCCEDP

Recognizing the value of screening and early detection, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, which established CDC’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The NBCCEDP provides screening services including clinical breast examinations, mammograms, pelvic examinations, and Pap tests, to underserved women.

PAP

Papanicolaou test.

SBE

Self-Breast Examination, an examination of the breast which can be performed by the individual client with proper instruction.

Screening Mammogram

Mammogram performed to detect the presence of a breast abnormality in its incipient stage and to serve as a baseline film to which future screening or diagnostic mammograms may be compared.

Status of Treatment/Date

The fact that a woman is referred for treatment is not sufficient confirmation that treatment has been started. A woman should be classified as having started treatment when the program has confirmed that a plan for treatment of the cancer or a precancerous lesion has been developed and started, and financial plans for the payment of treatment have been established.

The date when treatment began (approximate OK) refers to the patient’s actual start of therapy. Status of Treatment is an important outcome measure for the Breast and Cervical Cancer program.



Wisconsin Well Woman Program

Well Woman Medicaid

A component of the Wisconsin Medicaid Program that pays for treatment of breast cancer and cervical cancer for WWWP clients whose cancer was diagnosed as a result of a WWWP covered screening.

WIC

Women, Infants and Children Program, U.S. Department of Agriculture. Provides nutrition education, selected health screening and food vouchers for eligible women and young children

“Work-up Refused”

If a woman refuses a work-up, severs her relationship with the program or has her diagnostic work-up performed by another provider, enter a “Work-up Refused.”

WWWP

Wisconsin Well Woman Program, which includes Wisconsin’s component of the NBCCEDP and additional funding from the state.